



IDAHO DEPARTMENT OF
HEALTH & WELFARE

FILE COPY

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

February 2, 2010

Steve Silberberger
Seven Oaks Community Homes - Knapp West
3940 West 5th Avenue #C
Post Falls, ID 83854

RE: Seven Oaks Community Homes - Knapp West, Provider #13G068

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Seven Oaks Community Homes - Knapp West, on January 28, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State Licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 16, 2010**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by February 16, 2010. If a request for informal dispute resolution is received after February 16, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS Seven Oaks Community Homes - Knapp West, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation. The survey was conducted by: Michael Case, LSW, QMRP	W 000	<div style="text-align: center;"> RECEIVED FEB 25 2010 FACILITY STANDARDS </div>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Claude Peters

Program Director

2-19-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP V			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
MM066	<p>16.03.11009 Criminal History and Background Check</p> <p>009.CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>01. Criminal History and Background Check. An intermediate care facility for the treatment of individuals with mental retardation must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the intermediate care facility. A Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. Other criminal history and background checks may be accepted provided they meet the criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee. (3-26-08)</p> <p>02. Scope of a Criminal History and Background Check. The criminal history and background check must, at a minimum, be a fingerprint-based criminal history and background check that includes a search of the following record sources: (3-26-08)</p> <p>a. Federal Bureau of Investigation (FBI); (3-26-08)</p> <p>b. Idaho State Police Bureau of Criminal Identification; (3-26-08)</p> <p>c. Sexual Offender Registry; (3-26-08)</p> <p>d. Office of Inspector General List of Excluded Individuals and Entities; and (3-26-08)</p> <p>e. Nurse Aide Registry. (3-26-08)</p> <p>03. Availability to Work. Any direct patient access</p>	MM066	<p>MM066</p> <p>The facility has revised it's policy to ensure that all background checks are completed in a timely manner. In the event that results are not received from external agencies within the 21 day time period the affected employee will no longer be allowed to work until the required clearance is received. The Personnel Manager will follow all employees and notify the Home Supervisor both when clearance has been received and when it has not so that further action can be taken. The Administrator will review the process with the Personnel Manager on a periodic basis as needed to ensure compliance.</p> <p>Completion Date: February 1, 2010 By Whom: Home Supervisor, Personnel Manager, Administrator</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 25 2010</p> <p style="text-align: center;">FACILITY STANDARDS</p>		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

SCEN11

(X6) DATE

Progeny Rantz
DATE
2-19-10

If continuation sheet 1 of 5

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP V			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
MM066	<p>Continued From page 1</p> <p>individual hired or contracted with on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. The individual is allowed to only work under supervision until the criminal history and background check is completed. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any resident. (3-26-08)</p> <p>04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the criminal history and background check within twenty-one (21) days of his date of hire. (3-26-08)</p> <p>05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-26-08)</p> <p>a. Accepting employment with a new employer; and (3-26-08)</p> <p>b. His last criminal history and background check was completed more than three (3) years prior to his date of hire. (3-26-08)</p> <p>06. Use of Criminal History Check Within Three Years of Completion. Any employer may use a previous criminal history and background check obtained under these rules if: (3-26-08)</p> <p>a. The individual has received a criminal history and background check within three (3) years of his date of hire; (3-26-08)</p> <p>b. The employer has documentation of the criminal history and background check findings; (3-26-08)</p> <p>c. The employer completes a state-only background check of the individual through the</p>	MM066			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP V			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
MM066	<p>Continued From page 2</p> <p>Idaho State Police Bureau of Criminal Identification, and (3-26-08) d. No disqualifying crimes are found. (3-26-08)</p> <p>07. Employer Discretion. The new employer, at its discretion, may require an individual to complete a criminal history and background check at any time, even if the individual has received a criminal history and background check within the three (3) years of his date of hire. (3-26-08)</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure staff working with individuals received required criminal history and background checks within 21 days of their hire date, which had the potential to negatively impact 5 of 5 individuals (Individuals #1 - #5) residing in the facility. That failure had the potential to allow staff to work at the facility without sufficient criminal history screening. The findings include:</p> <p>1. Five individuals were observed to reside in the facility. The facility's personnel records documented 17 former and current direct care staff worked at the facility from 3/1/09 to 1/27/10. A random sample of those former and current staff were selected for review, and their personnel files documented the following:</p> <p>- Staff F was hired on 8/20/09. Her personnel file included an application for a background check, dated 8/20/09, that was signed but not notarized. Additionally, Staff F's personnel file documented</p>	MM066			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP V			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
MM066	<p>Continued From page 3</p> <p>fingerprinting appointments had been scheduled and missed on 9/2/09, 10/16/09, and 11/4/09. Staff F resigned her position on 10/26/09.</p> <p>When asked during an interview on 1/28/10 from 1:25 - 2:40 p.m., the Office Manager stated Staff F continued to work at the facility until her resignation on 10/26/09.</p> <p>- Staff E was hired 6/23/09. Her personnel file included an application for a background check, dated 12/4/09, that was signed and notarized on 12/7/09. Staff E's file included a Conditional Denial letter, dated 12/21/09, stating she was not able to provide service to individuals due to a finding of neglect through and Adult Protection Service. Staff E was terminated by the facility on 12/21/09.</p> <p>When asked during an interview on 1/28/10 from 1:25 - 2:40 p.m., the Office Manager stated Staff E did not receive a criminal background check upon hire because she had one that had been completed within the last three years. When asked if a state-only background check had been completed through the Idaho State Police Bureau of Criminal Identification, the Office Manager stated one had not.</p> <p>Additionally, the facility's Background Check policy, undated, did not include information regarding what was to happen if a staff missed their scheduled fingerprint appointment, what was to happen if the appointment was more than 21 days post hire, or how staff were to be supervised prior to receiving confirmation of their criminal background check.</p> <p>When asked during an interview on 1/28/10 from 1:25 - 2:40 p.m., the Administrator stated a policy</p>	MM066			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - KNAPP V		STREET ADDRESS, CITY, STATE, ZIP CODE 2898 KNAPP CIRCLE POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM066	<p>Continued From page 4</p> <p>revision had been made as a result of Staff F's multiple missed appointments. The Administrator provided a document that newly hired staff were required to sign, which stated employees would be terminated if they missed a second scheduled fingerprinting appointment. The Administrator stated the policy did not address employees not working if fingerprints were not obtained within 21 days, how staff were to be supervised prior to receiving background check clearance, or what process would be followed for newly hired staff who had background checks completed within the 3 year allowance period.</p> <p>The facility failed to ensure all staff completed the required background check within 21 days of their hire date.</p>	MM066		